

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 598 791

FILING DATE

9-12-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	2					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29		1				
30						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.		←	20	←		←
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		←		←
TOTAL CLAIMS						